

# **C-19 Disease (THERAPY) DISCLAIMER**

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## **DISCLAIMER**

This article's treatment protocols are a collection from local and foreign experiences (predominantly Dr.Shankara Chetty); written in good faith for general knowledge & to the author best ability.

The writer claims no responsibility to whatever that may happen, should you adopt this protocol; whether in full or partially

This is not a substitute for evaluation and treatment by a medical doctor & professional advice.

You must always consult your physician to determine the appropriateness of the information herein for your medical situation and treatment plan or admit yourself into hospital. Finally always get your prescription from registered Clinic & Pharmacies.

# **BASIC CONCEPT .. #1.**

## **FOUR POSSIBLE INTERVENTION STAGE.**

**The best treatment is ..... the earliest treatment.**

### **1) The Viral Infection /Replication Stage**

Unfortunately no antiviral has been proven conclusively effective. Dr.Pierre Kory in fact brushes off Antiviral regime (Webinar #6 16:25-18<sup>th</sup>minute) Nevertheless, continue with your choice, if you wish; **BUT “ADOPT” Dr.Shankara Chetty protocol.**

### **2) The “INITIAL” Hypersensitivity Stage**

This is the missing link in today's Covid Disease management. Fortunately Dr.Shankara Chetty has made an astute clinical observation that enables him to dispense Antihistamine which he has successfully treated 4000 patients without oxygen support & zero fatality, an impossible achievement for others.

This article shall focus on **Dr.Shankara protocol, a safe Anti-Histamine regime, that you can start early at home.**

### **3) The late Critical Inflammation Stage (Organizing Pneumonia)**

This is the late stage of the hypersensitivity event, where all pro inflammatory mediators swarmed in to create this late Critical Inflammation Stage, an episode known as ... “Organizing Pneumonia” ; where aggressive “Steroid” regime is the order of day. Dr.Pierre Kory of US, is the first physician to conclude that C-19 disease is a “steroid responsive” disease. (Webinar #6 Dr.Pierre Kory)

### **4) The “CLOTTING” Stage**

At this stage, you will need hospital support. For better perspective, listen to Webinar #5 by Dr.Darrel DeMello, who has treated 6,000 Covid patients. His vast experience & brilliant clotting management protocol is worthy of mention.

# **BASIC CONCEPT .. #2.**

## **HYPERSENSITIVITY & ALLERGY**

There are 4 Types of Hypersensitivity. (Type I, II, III & IV)

Type I is immediate response & mediated by IgE antibodies.

Type IV is delayed reaction mediated by cellular response.

(E.g. 'Mast Cell Degranulation' (Type 1) which releases pro inflammatory mediators like histamine, leukotrienes, cytokines & others) “... Mast cells are abundant in the skin; in the loose connective tissue surrounding blood vessels, nerves and glandular ducts; and in the mucosae. In the lungs, mast cells are often found surrounding the blood vessels as well as in the bronchial connective tissues and alveolar spaces ...”

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<https://www.sciencedirect.com/topics/immunology-and-microbiology/mast-cell-degranulation>

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Regardless of types; to layman, they are just **ALLERGIES**.

But in clinician context .....

**HYPERSENSITIVITY** is immunological response, while

**ALLERGY** is the clinical presentation.

Both words are often interchangeable.

# **ALL YOU NEED IS TWO MOST IMPORTANT DRUGS**



Piriton (4mg)



Allersin-F



Promethazine 25mg

Avl inPHARMACY (Price: Low)

If this article is too long winded, heavy & impossible to read ; all you need is \$10.00 (**Rm10.00**) & walk into any pharmacy to buy 2 strips of each drug. Keep it in your house as insurance. You will need it, when emergency sets in , when dyspnea begin.

## **When to use ?**

Read Stage 1 to Stage 3

on Page 11, 12, 13

.. check out on these 2 items only ..

**Piriton & Promethazine**

## **IVERMECTIN** and **LIANHUA QINGWEN (连花清瘟)**

These 2 are Very Well-Known Medicines (Drugs).  
Much information is available in public. Thus the author  
will not delve into these 2 popular drugs  
because...

the author wants to focus on one aspect  
hardly covered by anyone, that is

**how to arrest (or prevent)**  
**RAPID DYSPNEA**  
**the most CRITICAL EVENT in C-19 disease**  
**where all **EMERGENCIES** are due to it**

ANTI HISTAMINE (抗组胺药)  
is the silver bullet

## C-19 Disease (THERAPY)

### **SOMETHING is MISSING**

The current approach practiced by our ministry, hospitals, clinicians in managing this Covid disease is almost perfect ; except **1 critical regimen is missing** from the treatment plan.

- 1.AntiPyretic (Fever)
- 2.AntiTussive (Cough)

### **3.Anti-Histamine !! This regimen is missing !!**

- 4.AntiViral (though no antivirals have been found effective)
- 5.Oxygen Support
- 6.AntiInflammatory (Steroids)
- 7.AntiPlatelet
- 8.Anticoagulant
- 9.Thrombolytic (Clot Buster)
- 10.Antibiotics or Antifungals for co-infection
- 11.Immunosuppressant

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We all know there is no proven drugs than can kill this virus in human body. C-19 is a respiratory disease; thus the lungs are the organ most affected. Early treatment is most important to limit the disease (dyspnea /breathlessness) progression. The airways epithelial cells lining of lung that are supposed to clear out foreign particles & pollutants; are now invaded by C-19 virus for their replication, which inflamed the gas exchange air sacs walls, resulting in harder gas exchanges.

As cycles of infection, replication, lysis (disintegration of host cell) & expulsion builds up; the lung is now flooded with fragments, debris and **billions** of virions following its successful reproductions. (every host cell can produce thousands fold of new virion). These virions ("virus") & their fragments, debris, spikes protein, nucleocapsid are highly allergenic to some people; resulting in the cascading of various pro inflammatory mediators such as histamines, cytokines, leukotrienes & etc : **is the prelude (beginning) of the grand event**, ARDS (Acute Respiratory Distress Syndrome) or Critical Dyspnea or Acute Breathlessness.

THEREFORE the CRITICAL REGIMENT missing from this current treatment protocol is : "**ANTI HISTAMINE**"

**This Dyspnea Event; can be prevented or reduced in severity. Prevention must start from day 1 of infection with a regime of prophylaxis antihistamine ; and subsequently an aggressive treatment regimen of “antihistamine” when dyspnea begins.**

It's like you are hyper sensitive to dust-mite, now sensitized, but strangely no doctors want to prescribe you antihistamine to control this episode ; and allow the event to build up till day 8; with you now in full blown massive allergy & emergency. (That's exactly what is happening with C-19 patient lung on 8<sup>th</sup> day of Covid-19 infection). This is when hospitalization become unavoidable, drugs can be dispensed & vaccinations can be hyped.

Thus, Dr.Sankhara Chetty, in South Africa, who first made this observation (one year ago) has successfully treated 4,000 Covid positive patients; without intubation nor oxygen support; and ZERO fatality. This is world unprecedented achievement, which there is not even one hospital, nor one specialist doctor; can lay claim on. Dr.Sankhara Chetty has since been praised in his native land, by the Indian Government.

The strange part is; why this “ridiculously simple & cheap” regimen was never look into by any hospitals & W.H.O. ?

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I can only guess, when everyone knows & adopt this simple DIRT CHEAP “Anti Histamine” regime ; **patients' hospitalization episodes will drop by 90%** and the whole vaccination cartel, drug industries, & hospital profits will vaporize into thin air.

# ESSENTIALS

## EQUIPMENT

01. **OXIMETER (Must Have)**

02. **Thermometer & Panadol**

03. Glucometer

04. Blood Pressure Monitor

05. Oxygen Concentrator

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## VITAMIN

01. Vitamin B (Multi B)

(1tblt x2times p/day)

02. **Vitamin C (500mg tablet)**

1tblt x3times p/day (1500mg p/day)

(or 2000mg - 3000mg p/day)

03. **Vitamin D (Calcitriol 0.25mg)**

(Calcitriol: 1softsule x2times p/day) (or D3 5000iu)

04. Zinc (15mg tablet)

(1tablet x2times p/day)

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## LIFESTYLE

01. Eat lots of fruit (in variety)

02. Avoid drinking Icy Water

03. Drink adequately & warm water (Read Notes: Hydration)

04. **Sunshine for 5~15 minutes**

05. **Improve Ventilation to increase ambient oxygen**

06. **Breathing: Conscious Effort** (Read Notes)

07. **Excercise** : every 3 hours (Why? Read Notes) ,

08. **Sleeping**: Proning position

<b>MEDICATION ESSENTIAL</b>		
01	<b>Piriton</b>	Antihistamine Chlorpheniramine4mg
02	<b>Promethazine 25mg</b>	Antihistamine ( <b>MOST IMPORTANT !!</b> )
03	<b>Montelukast 10mg</b>	BronchoDilator
<i>The above 3 steps alone (01,02,03) when done early at home; can prevent breathlessness event (dyspnea) from flaring; thus, hospitalization can be avoided or cases can be reduced substantially. When blood oxygen can be maintained in good parameter (above 90%), one can safely recover at home with GP Doctor consultation.</i>		
04	<b>Inhaler</b>	Mast Cell Stabilizer
05	<b>Prednisolone</b> (Steroid) 5mg Tablets	AntiInflammatory &Immunosuppressant This is Hospital main therapy to control the super inflamed lung. The hospital use methyl prednisolone via iv drip. Prednisolone is your equivalent
06	<b>Aspirin 100mg Tablet</b>	Antiplatelet (Note:3tablets =300mg)
07	<b>Fluimucil A 600mg</b>	Mucolytic to dilute phlegm
<b>OTHER POPULAR MEDICINES</b>		
08	<b>LHQW (连花清瘟)</b>	Approved by China Government
09	<b>Ivermectin 12mg</b>	Debate still on going
10	<b>Antivirals (if you have)</b>	e.g. Favipiravir Used in some countries, but India has dropped it from their list

<b>HOSPITAL THERAPY</b>	
11	Intubation
12	Anti-Viral
13	Anti-Platelet (e.g. Aspirin,Clopidogrel)
14	Anti-Coagulant (e.g. Clexane )
15	Antibiotics (Hospital Grade)
16	Thrombolytic Agent to break down clots
17	Fungal co-infection (Amphotericin B)
18	Bloodstream Infection Candidemia by Candida
19	Immunosuppressant (e.g. Tocilizumab)

*These are treatments beyond your limited resources; but available in Hospital, for patient who slid into critical stage or has co-infection or serious comorbidity. Patient may have to be on broad spectrum intravenous antibiotic or possibility the strongest 3<sup>rd</sup> line antibiotic. For antithrombotic management, you'll need laboratory support to measure dissolved clots protein fragments (d-dimer), APTT, PT, CRP, ESR or laboratory to identify co-infection pathogen.*

*Therefore, Treat your hypersensitivity event from day1 at the first sign of blood oxygen regression or infection ... & it will not have the opportunity to regress into this scary critical stage.*

## **On Author Therapy Method**

The author uses oxygenation saturation measurement as guide to determine when to add new medicines.

The progression of dyspnea here is sudden & rapid. Thus if patient were to wait for 24 hours to decide the next course of action; it may have been too late.

Many people are unaware of their exact infection day & some may not even present early-stage symptoms. Therefore it is paramount that one must have a reliable oximeter at home & measure his Blood Oxygen Saturation (BOS) regularly; once he suspects infection.

# **STAGE 1**

C19 Disease Therapy

**Blood Oxygen 99-96%**

**NO SYMPTOM**

**Timeline: Day 1-6**

You may or may not be aware, when is your first day of infection. But should your infection be confirmed, or when you strongly suspect you are infected ....

## **STAGE 1 (NO SYMPTOM) MEDICATION**

<b>1.</b>	Stage 1, for high-risk patient, recommended to take <b>COMBO : (a)+(b) or (a)+(c) or (b)+(c)</b> (a) <b>LianHua QingWen</b> 连花清瘟 2capsules ×3times ×7days (Total 6 cps p/day) (b) <b>Ivermectin 12mg</b> (Get Doctor Prescription) 1tablet x1time ×7days (Total 1 tblt p/day) (c) <b>Anti-Viral, if you have prescription</b> E.g. Favipiravir or others
<b>2.</b>	<b>Piriton Antihistamine (Chlorpheniramine 4mg)</b> 1tablet ×3times ×7days (Total 3 tablet p/day)
<b>3.</b>	<b>WARNING</b> <b>DO NOT USE STEROIDS in Stage 1 !!</b> <b>Only use Steroid in Stage Four.</b> Becos steroid can suppress your immunity.

You can stop your medication after 7 days;  
if you have ZERO symptoms & blood oxygenation is above 96%.

# **STAGE 2**

C19 Disease Therapy

**Blood Oxygen 99-96%**

**SYMPTOMATIC**

**Timeline: Day 2-6**

**Symptomatic, but EXCELLENT blood oxygenation.**

You've symptoms like: Fever, Sore throat, Coughing, Body Ache, Lost of taste or smell, Diarrhea & etc.. All these symptoms are not critical, non-fatal, so do not panic; just take normal OTC Drugs.

## **STAGE 2 (good O<sup>2</sup> but SYMTOMATIC)**

### **MEDICATION**

<b>1.</b>	Stage 2, for high risk patient, recommended to take COMBO : (a)+(b) or (a)+(c) or (b)+(c)  (a) <b>LianHua QingWen</b> 连花清瘟 4capsules ×3times ×7days (Total 12 cps p/day)  (b) <b>Ivermectin 12mg</b> (Get Doctor Prescription) 1tablet x2times ×7days (Total 2 tablet p/day)  (c) <b>Anti-Viral, if you have prescription</b> E.g. Favipiravir or others
<b>2.</b>	<b>Piriton Antihistamine (Chlorpheniramine 4mg)</b> 1tablet ×3times ×7days (Total 3 tablet p/day)
<b>3.</b>	<b>For high risk patient : Aspirin 100mg</b> (1tablet ×100mg) ×1time p/day ×7days Take your Aspirin in the morning after breakfast
<b>3.</b>	<b>WARNING</b> <b>DO NOT USE STEROIDS in Stage 2 !!</b> <b>Only use Steroid in Stage Four.</b> Becos you do not suppress your immunity in early stages.

You can stop this therapy, if after 7 days on the above regimen, your blood oxygen remain normal (99-96%) and feel healthy.

# **STAGE 3**

C19 Disease Therapy

## **Blood Oxygen drop 3% !!**

e.g. from 99 to 96% or from 98 to 95%  
or from 97 to 94% or from 96 to 93%

### **Blood Oxygen 96%-93%**

#### **Mild Dyspnea (Breathlessness)**

**Timeline: Day 4-7**

Immediately start Promethazine 25mg & be on alert.

Monitor Blood Oxygen every 8 hours

## **STAGE 3 O<sub>2</sub> drop 3% !! MEDICATIONS**

<b>1.</b>	Stage 3, for high risk patient, recommended to take <b>COMBO : (a)+(b) or (a)+(c) or (b)+(c)</b>
(a)	<b>LianHua QingWen</b> 连花清瘟 4capsules ×3times ×7days (Total 12 cps p/day)
(b)	<b>Ivermectin 12mg</b> (Get Doctor Prescription) 1tablet x2times ×7days (Total 2 tblt p/day)
(c)	<b>Anti-Viral, if you have prescription</b> E.g. Favipiravir or others
<b>2.</b>	<b>Piriton Antihistamine (Chlorpheniramine 4mg)</b> 1tablet ×3times ×7days (Total 3 tablet p/day)
	<b>+ add new / increase dosage ... 3 medications</b>
<b>3.</b>	<b>Fluimucil A 600mg</b> (N-acetylcysteine). Effervescent (1tablet ×2times p/day) Mix with 100ml water. After drinking 'immediately' do deep breathing & cough out phlegm, if any.
<b>4.</b>	<b>Promethazine 25mg tblt</b> (the most important drug) <b>Antihistamine</b> (1tablet ×1time p/day)
<b>5.</b>	<b>Aspirin</b> (Antiplatelet, available in 100mg tablet) <b>200mg</b> (2tablets ×100mg) ×1time p/day ×7days <i>thereafter</i> (1tablet ×100mg) ×1time p/day ×7days Take your Aspirin in the morning after breakfast
<b>6.</b>	<b>DO NOT USE STEROIDS in Stage 3 !!</b> <b>Only use Steroid in Stage Four.</b>

You should be clear of disease if after 7 days on above regimen,  
should your BOS remain above 96%

# **STAGE 3**

## **Discussion**

In almost every known treatment protocol;  
stage 3 is when the oxygenation touches 92%,  
but that is totally dangerous, risky & extremely slow in reaction.

The common practice is, the medical fraternity  
will only start to treat Covid disease,  
when your oxygen falls to 92% & below.  
To them, this is stage 3.

But to the author, this is **ONE STEP TOO LATE**.  
At 92% oxygen; your saturation has dropped easily 6%.  
You have in fact progressed 30% in Covid Disease Journey.  
It's like you've allowed the fire to burn your house 10 minutes.  
You must in fact, put out the flames in the first 3 minutes.

Therefore to the author,  
a 3% drop in oxygenation;  
is STAGE 3 of Covid Disease;  
thus patient must immediately start taking medications  
to prevent the disease from progressing.

But the unfortunate part is (in hospital protocols)  
they have no treatment plan for early C-19 patients  
all they will give you & advise you; are ...  
Paracetamol, Cough Medicine & Diarrhea Medicines  
and ask you to rest, observe & wait.

Fortunately there is Dr.Shankara Chetty,  
Who has made this observation correctly.  
He has treated **4,000** patients successfully  
and ZERO patient died (4000 SAVED !!!)  
**NO Hospital NOR Doctor in the world, has this result.**  
**100% SUCCESS RATE !!!**

# STAGE 4

C19 Disease Therapy

Your BOS **continue** to drop to 92% & beyond, despite your above treatment

Blood Oxygen (BOS) 92-86%

Dyspnea Progressing (Breathlessness)

Timeline: Day 6-10

## High Alert : Most Likely on Day 8

For some people, this disease will take a DRASTIC turn, with Oxygen dropping rapidly below 92%.

**!!! Measure Oxygen (O<sup>2</sup>) every 4 hours !!!**

## STAGE 4 Measure Oxygen (O<sup>2</sup>) ever 4 hours !!!

1.	Stage 4, for high risk patient, it is recommended to take COMBO : (a)+(b) or (a)+(c) or (b)+(c)  (a) <b>LianHua QingWen</b> 连花清瘟 4capsules ×3times ×7days (Total 12 cps p/day)  (b) <b>Ivermectin 12mg</b> (Get Doctor Prescription) 1tablet ×2times ×7days (Total 2 tblt p/day)  (c) <b>Anti-Viral, if you have prescription</b> E.g. Favipiravir or others
2.	<b>Piriton Antihistamine (Chlorpheniramine 4mg)</b> 1tablet ×3times ×7days (Total 3 tablet p/day)
3.	<b>Aspirin</b> (Antiplatelet, available in 100mg tablet) <b>300mg</b> (3tablets ×100mg) ×1time p/day ×5days 200mg (2tablets ×100mg) ×1time p/day ×5days 100mg (1tablet ×100mg) ×1time p/day <b>×30days</b> Longer when case is serious. Consult Doctor.  <b>READ "Aspirin Notes", last pages.</b> Take your Aspirin in the morning after breakfast
4.	<b>Fluimucil A 600mg</b> 1tablet ×2times p/day (Mucolytic) Effervescent, mix with 100ml water. After drinking 'immediately' do deep breathing & cough out your phlegm (15 minutes)
5.	<b>Oxygen Supplementation.</b> Use Medical Grade Oxygen Concentrator. Please Read "Oxygen Notes", last page.

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6.	<b>Promethazine 25mg tablet</b>  <u>NOTE:</u> Generally according to Dr.Shankara 25mg morning 25mg night is sufficient.	<b>Oxygen 92% ... 1 tablet x2 times p/day</b> for most patients this dosage is enough.  <b>measure patient O<sup>2</sup> again <u>after 3 hours</u> when O<sup>2</sup> drops another 1% to 91%</b>  <b>Oxygen 91% ... take <u>another 1 tablet</u></b> meaning by now you will have taken 25mg + 25mg (50mg of Promethazine). Check for improvement in 3 hours time.  <b>In improving case:</b> to determine the next dose (1tablet 25mg); measure again in 12 <sup>th</sup> or 18 <sup>th</sup> or 24 <sup>th</sup> hour. <b>Do-not take more than 50mg (2 tablets) every 12 hours</b>  <b>In deteriorating case:</b> <b>measure patient O<sup>2</sup> again <u>after 3 hours</u> when O<sup>2</sup> drops another 1% to 90%</b>
		<b>+ add 2 new medications</b>
7.	<b>Montelukast 10mg tablet</b> Broncho Dilator	<b>Oxygen now 90%</b> add Montelukast (broncho dilator) Take 1tblt x1time x5days Max One tablet p/day
8.	<b>Inhaler</b> Mast Cell Stabilizers Nedocromil (or others)	Nedocromil 2puffs x 3 times p/day Skip inhaler if you cannot find it.  <b>measure patient O<sup>2</sup> again <u>after 3 hours</u> when O<sup>2</sup> drops another 1% to 89%</b>
		<b>+ add 1 new medication</b>

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<b>+ add 1 new medication</b>	
9. <b>Prednisolone 5mg tablet</b>	<p><b>Oxygen now 89%</b> <b>Add Prednisolone 80mg</b> <b>80mg ×1time ×3days</b> (Note: 80mg = 16 tablets ×5mg)</p> <p>Steroid AntiInflammatory Take before breakfast First emergency dose can be taken anytime When condition improve (after 3 days)... ...slowly reduce steroid dosage ...by 10mg every 2 days</p> <p><b>NOTE:</b> when on Steroid must monitor 1Blood Sugar 2Blood Pressure 3Heart Rate Consult Doctor.</p> <p><b>measure patient O<sup>2</sup> again <i>after 3 hours</i></b> <b>when O<sup>2</sup> drops another 1% to 88%</b> <b>increase Prednisolone Dosage by 40mg</b> Immediately take another 40mg meaning now you have taken 80mg +40mg</p> <p><b>measure patient O<sup>2</sup> again <i>after 3 hours</i></b> <b>when O<sup>2</sup> drops again ...</b> <b>increase Prednisolone Dosage again</b> <b>Consult Doctor (for dosage)</b> <b>Read: Prednisolone (Steroid) Notes</b></p>

## **DISCUSSION : STAGE 4**

The author uses **1% drop** after every 3 hours from last medication as benchmark; because the progression of dyspnea is furious & rapid & for some, dosage (steroid) needs to be increased to achieve effective therapeutic value. So the common practice of daily evaluation, cannot be used here. It's like fire, you never allow the fire to spread from one room to another. It will be too late if you allow the fire to spread 1 whole day, engulfing 5 rooms, though there may be 12 rooms in your home. You have to monitor the regression tightly, **every 3 hours** & also consider how fast & how much drug is needed to reach full therapeutic effect.

But, if despite all the above effort , (6 hours after your last dose) your oxygenation plunge further, below 80%, you potentially may have underlying problem or maybe co-infection. All of these, will need hospital laboratory work to identify them. Hospitalization is inevitable. If you are in hospital, at 85% Blood Oxygen; the doctor will intubate you immediately.... but if you are still at home; not in hospital for whatever reason of your own ...

### ***Remain Calm and Continue the Therapy***

Never panic, even if the oxygen drops to 70%. There is still good chance, you will win the battle. Continue therapy. But if your oxygen continues to drop (to 60% and below), **despite all the above measures**; you are now in deep trouble. By now you can almost be sure your remedy has failed. Nevertheless miracles do happen.

### **For your Information**

<b>O<sup>2</sup> Saturation</b>	
96% - 99%	All Healthy Adults, no exception
93% - 96%	Acceptable threshold for Aged, Infirmed, COPD
92%	Begin Oxygen Supplementation via nasal canula
85%	Intubation ; your face is <b>pale</b> now
<b><u>BE ALERT &amp; SPOT OUT</u></b> : Victims slow down to compensate low oxygenation level. The victim will be sitting more, talk lesser, move lesser or slower to compensate his or her low oxygenation level. Possibly, in " <b>Happy Hypoxia Stage</b> ", oblivious to his condition.	
80%	Climbing Staircase is impossible task Shallow Rapid Breathing, possibly 40breaths p/m
70%	Talking become a labor
60%	Your face is <b>bluish</b>
50%	Even breathing become a Labor & Your organs start to fail

# **STAGE 5**

C19 Disease Therapy

**Blood Oxygen < 85%**

**Critically Low Oxygenation**

**Timeline: 8-14**

**CONTINUE** the previous Stage Four Therapy

In this stage, as situation gets worse

You'll be increasing dosage↑

Promethazine dosage↑ & Steroid dosage↑  
as discussed previously.

Read Notes (last few pages)  
on Promethazine, Steroid & Montelukast dosage

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**+ add new medications**

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## **9. Add Antibiotics to prevent co-Infection**

(Consult Doctor to get Prescription)

Read antibiotics notes below

# STAGE 6

## What if the patient checks in with 76% saturation ?

Basically this patient is critically low in oxygen. At this stage he can still walk some slow steps, but climbing 1 flight of staircase will be an impossible task. His breathing now is shallow & rapid, at about 40 breaths per minute.

1. Call ambulance, while waiting ...
2. Give patient Oxygen Support.  
Your 10-liter Oxygen concentrator flow rate, should be set to the maximum scale. Monitor his oxygenation every 30 minutes. Once he has achieved more than 92% saturation ; you can slowly scale down the flow rate.
3. Take Promethazine 50mg (25mg x2)
4. Take Montelukast (1 tablet)
5. Administer 2 puffs of Inhaler
6. Take 80mg of Prednisolone
7. Monitor Oxygen Saturation tightly.

***If patient is stubborn and do not want to admit into Hospital for whatever reason of his own***

8. Give him aspirin 300mg
9. Read Part 4 again

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# **STAGE “99”**

## **RECOVERY** (ex Stage 3,4,5)

You have now recovered, or discharged from hospital. There are few things you must remember & do , depending on severity.

1. Do not stop steroid abruptly. Taper steroid down gradually.
2. Continue Aspirin as prescribed by doctor or for 1 month.  
(refer to above discussion & notes)
3. Buy one “incentive spirometer” (about Rm30) from pharmacy, a small plastic device, to do breathing exercise. For serious case, do breathing exercise 4-6 times per day.  
The harder the patient train, the faster is the recovery & more phlegm will be dislodged.

### **IMPORTANT**

4. Discontinue Piriton & Promethazine ; and **IMMEDIATELY** replace it with another antihistamine (that is more user friendly); Cetirizine (10mg e.g. Zyrtec) ; **1 tablet x 3months**. Extend duration to 6 months or even 12 months, if the case was severe or there are lingering issues, when you stop the medicine. Many people take Cetirizine long term (for years) to manage their allergies.

Listen to Webinar #4, Dr.Tina Peers recommend long term Anti-Histamine regimen to prevent long haul Covid. User friendly Cetirizine, is one good choice.

“...cetirizine and famotidine provide proof-of-concept of a new safe and effective method to reduce the progression in symptom severity, presumably by minimizing the histamine-mediated cytokine storm...”

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### **Dual-Histamine Blockade with Cetirizine - Famotidine**

Reduces Pulmonary Symptoms in COVID-19 Patients

<https://www.medrxiv.org/content/10.1101/2020.06.30.20137752v1>

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# NOTES

In Alphabetical Order

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## ANTIBIOTIC

When your immune system is compromised by high steroids regime, the potential of a second infection by bacteria is very likely. Use Antibiotic; to prevent (or treat) secondary infection. The best antibiotic in this pandemic, is those targeting "pneumonia causing bacteria". Get your doctor to assess your condition. Ask your doctor for their best antibiotic targeting broad spectrum "pneumonia causing bacteria" (e.g. Klebsiella, Staph, Mycoplasma bacteria; are common co-infection in this pandemic). But take note ; your co-infection may be other pathogens like 2<sup>nd</sup> virus, fungi or candida (yeast) or others , so you must consult doctor to assess your situation, before popping any pills. As for co-infection (double infection), you will need hospital's laboratory work to identify the pathogen. (So admitting yourself into hospital is the best choice.)

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## ASPIRIN, Antiplatelet

Potentially at day 7; you will see blood in phlegm; it means your lung capillaries are committing suicide (intussusceptive angiogenesis); trying very hard to pump blood thru fine capillaries that surround air sacs for gas exchanges. Do not worry; there are 200 billion (BILLION) capillaries in your lung. Some may burst & bleed, because the passage way to air sacs (for gas exchanges) are blocked. Just slowly cough out the bloodied phlegm. Bloody phlegm is also common in other lung pneumonia.

**The real issue is not bleeding; BUT the formation of clots.**

Clots form, when macrophages stick to the super inflame lung endothelial cells, which release pro inflammatory cytokine that further injure the endothelial cell linings (of blood vessel walls). Platelets will then flood in to aggregate to form plugs. Subsequently fibrin + platelet plug will form the thrombus, which subsequently rupture to become an embolus.

Thromboembolism is when clot break free & travel thru blood stream ; all over patient body ; to plug another vessel. These clots may plug a vessel in lungs (pulmonary embolism), or brain (stroke), kidney, leg & etc. **In the early pandemic days, the main reason of deaths is due to blood clots.**

Therefore you **must** prevent blood from clotting in lungs using antiplatelet drugs like aspirin **in established dosage** to prevent platelet from aggregating & become plugs.

Stage 4 patient, continue therapy for 30-60 days after recovery.

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C-19 patients risk blood clot formation due to overactive immune response  
<https://www.ntu.edu.sg/news/detail/covid-19-patients-risk-blood-clot-formation-due-to-overactive-immune-response>

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## **ANTITHROMBOTIC**

Anticoagulant, Antiplatelet, Thrombolytic  
Anticoagulant slow down clotting by reducing fibrin formation & growing.  
Antiplatelet prevent platelets from clumping & prevent clots from forming.  
Thrombolytic Agent are clots busters to break down or dissolve clots  
You can't do this on your own. For antithrombotic management, you'll  
need laboratory support to measure dissolved clots protein fragments  
(d-dimer), APTT, PT, CRP, ESR. These are treatments beyond your  
limited resources; but available in Hospital.

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## **BLOODY PHELM**

"... the spiky coronavirus that causes COVID-19 invades the lining of blood vessels; a tissue called the endothelium ...injury to the endothelium promotes blood clots ..."

"... vessels blocked by these clots are thinner than the width of a human hair, and they are critical for gas exchange in the lung. With clots choking off the lungs' blood supply, these tiny vessels seem to make a desperate move, splitting down the middle in an attempt to get blood to these compromised areas -- a phenomenon called intussusceptive angiogenesis ..."

Just slowly cough out the bloodied phlegm. Bloody phlegm is common in lung pneumonia. **The real issue is not bleeding; BUT the formation of clots. (Read Aspirin Notes)**

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## **BREATHING**

As Blood Oxygen Saturation Plunges ; Breathing MUST now be one **conscious effort** to increase B.O.S. Every breath must be a full drawn in with the intention to expand your lung to maximum. Exhale out slowly. Breath like a Tai Chi master, breathing consciously to increase Oxygen. Hard Qi-Gong shallow & rapid breathing technique is out of question.

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## **BREATHING RATE (Resting)**

For those who have no oximeter. Monitor your Breathing Rate. The normal **RESTING** Breathing Rate (RBR) should be 12-20 breaths per minute. Do a test today & record your normal rate & made comparison with succeeding nights. One cycle of breathing "in&out" is considered one breath.

Check every night to see if your "RBR" continue to rise. Rush into hospital when your RBR have risen by 20-30%. Covid patients breathing 30-40 breaths per minute is one timebomb. For accuracy count your RBR in your most Relax moment.

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## **DRUGS Interaction CHECKER**

Use this Link to check for Drugs interaction.

Easy to use

Just Type in your Drugs name.

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[https://www.drugs.com/interaction/list/?drug\\_list=1949-0,1933-0](https://www.drugs.com/interaction/list/?drug_list=1949-0,1933-0)

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## **EXCERCISES**

Your oxygenation is low now. Surely you can't exercise hard to sweat. The exercise now is for another reason. Dr.Darrel DeMello (Webinar #4) recommends patient to move around every 3 hours, to prevent blood from clotting. You will need to set alarm during sleep, to wake up every 3 hours to do some slow movements like hand swing & slow walk for 10 minutes; to prevent clotting. **Never** allow opportunity for clots, to form.

### **FLUIMUCIL (Acetylcysteine)**

Acetylcysteine is a derivative of the natural amino acid cysteine, used in the synthesis of glutathione (GSH) which is an antioxidant & may reduce the formation of proinflammatory cytokines, also has vasodilator property & used in nebulized form for patients with acute bronchopulmonary disease.

Fluimucil 600 A (Mucolytic) ~is Effervescent, put tablet in 100ml water & drink. Immediately after drinking, do **DEEP** breathing exercises (15minutes); & cough out the phlegm.

Remember to drink plenty of warm water. Warm WATER helps to **DILUTE** phlegm. Take note phlegm is 2% solid, 98% water, therefore dehydration will thicken your phlegm & encourage bacterial growth. Continue FLUIMUCIL until your lung is 100% cleared of phlegm. This may take 2-8 weeks, depending on severity

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<https://www.cebm.net/covid-19/n-acetylcysteine-a-rapid-review-of-the-evidence-for-effectiveness-in-treating-covid-19/>

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## HYDRATION

Hydration is critical to Covid patients. Covid patient "MUST" drink adequately ; best consistently sipping some water. But NEVER drink ice cold water. Ice water constrict your lung airways, thicken up the phlegm.

WHY consistently sip Water ?

1. supply your lungs with enough water to keep it moist (so the process of gas exchanges can take place efficiently & without the irritation of a dry lung) ; as you are expelling a lot of moisture by breathing (rapidly) out while breathing in **ambient dry air**.
2. Next when phlegm builds up in lungs & water (esp. warm water) will help to dilute the phlegm & soothe airways. Phlegm built up in lungs are Covid patients critical concern.

"... In healthy people, mucus is about 98% water and 2% solids (mostly mucin proteins). People with chronic bronchitis fail to normally hydrate their mucus, producing nearly double the overall concentration of mucins as do their healthy counterparts. Mucus hydration is so important that the difference between having mucus with 2% mucins versus 4% mucins can mean the difference between breathing normally & having gobs of bacteria-trapping phlegm clogging your airways. Mucins in the lung have very narrow tolerances .."

".. The optimum quantity of mucins appears to be very important in the clearance of mucus, ". "Because these molecules are so large, a doubling of mucin concentrations is important in the dynamics of mucus transport, making mucin concentrations a key determinant of whether mucus is able to flow or not. ..."

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<https://www.futurity.org/mucin-concentration-chronic-bronchitis-1562672>

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## INHALER (MAST CELL STABILISERS)

**Nedocromil** (or skip it, if you can't get this)

Block mast cell degranulation (mast cell degranulation causes the release of pro-inflammatory mediators); stabilizing mast cell will inhibit the release of histamines. The effect is not immediate, thus have to use few times to get a positive effect.

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## **MEAL (FOOD)**

Never eat big meal. Take small meal but at regular interval.  
Your body uses up a lot of energy thus oxygen, to digest food.

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Meal induced oxygen desaturation

<https://www.ncbi.nlm.nih.gov/9832603>

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## **MONTELUKAST (Singulair)**

Singulair (non-steroidal) blocks one of pro inflammatory mediators ; leukotrienes. Leukotrienes cause the tightening of airway muscle & the production of excess mucus ; making it difficult to breathe. You can discard Montelukast, if Promethazine alone is highly effective

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## **PREDNISOLONE** Steroid (5mg tablets)

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<https://www.rxlist.com/prednisone-drug.htm>

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You can increase prednisolone dosage **from 80mg to 100mg**  
**or(80+40mg) or(100+50mg) or(100+100mg) or(100+100+100mg)**  
*(duration 2-7days ~ dosage to be determined by monitoring blood oxygenation); should 80mg is still not effective in controlling your dyspnea /breathlessness. Always Consult Doctor.*

**Never** stop your Prednisolone abruptly. It MUST be tapered down  
Before reducing dose; make sure oxygenation is stabilized above 92%.  
... then only reduce dose to 80mg (2-5days ~ depending on severity) &  
slowly taper down. If the case is serious, plenty of phlegm in lungs; taper  
down slower: instead of 2 days; change it to 3days or 4days or 5days.  
From 80mg, taper down to: 50+20 x2days; 50+10 x2d; 50mg x2d;  
40mg x2d; 30mg x2d; 20mg x2d; 10mg x2d and finally 5mg x2days.

Monitor your Blood Sugar, Blood Pressure & Heart Rate tightly;  
when on steroid; consult qualified professionals. Use glaucoma eye  
drops, if you have glaucoma.

Always take steroid '**EARLY Morning**' unless its 2 doses. Eat your  
breakfast after that. Do not go on empty stomach after steroid.  
The highest dosage Dr.Shankara prescribed "**100mg x 3times p/day**"  
**Refer to Dr.Shankara Webinar #1 (1h:14m:40s onwards).**

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<https://www.drugs.com/dosage/prednisolone.html#s>

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## **PROMETHAZINE (THE MOST IMPORTANT DRUG)**

This is "THE MOST IMPORTANT" drug in C19 disease therapy. It is "Anti histamine" used to prevent hypersensitivity & prevent anaphylaxis. This **C-19 infection Dyspnea**, is very much like an anaphylaxis event in a hyper allergy episode with rapid breathing difficulties, rapid heartbeat & etc.

According to Dr.Sankhara Chetty of Fort Kennedy, this rapid onset of breathlessness (dyspnea) is the result of "hypersensitivity". Dr.Sankhara has successfully used Promethazine to arrest or reduce breathlessness (dyspnea) severity. \*(Hypersensitivity = Allergy)

*According to Dr.Shankara experience*

1tblt ×2times p/d **is sufficient in most cases**

1tblt ×3times p/d when effect wears off fast & dyspnea return

1tblt ×4times p/d Dr.Sankhara has used 4tablets(100mg) on one patient. **Webinar #1 (1h:11m:30s onwards)**

Generally Promethazine is a safe antihistamine , unless being abused together with opioid based drugs by addicts for fixes. Attached herewith is Promethazine overdose by 199 patients ingesting between 350mg – 1250mg. (3-12 times more than Dr.Shankara maximum dosage) Their presentation is mainly delirium; but no seizures, no dysrhythmias nor deaths.

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<https://pubmed.ncbi.nlm.nih.gov/19042969/>

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Do not take Promethazine with sleeping pills, narcotic based drugs (opioid), medicines for seizures, depression or anxiety. Stop using Promethazine if you develop uncontrolled muscle movements in your face, chewing, lip smacking, tongue movement, eye movement etc.

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<https://www.drugs.com/dosage/promethazine.html>

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<https://www.rxlist.com/phenergan-drug.htm>

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## **PRONE Positioning (Sleeping on your Stomach)**

Your lung is nearer to the back, thus sleeping in this position will put lesser compression on your lung. Next because mouth & nose are facing down. thus the drainage of secretions from lung will be more efficient

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## **OXIMETER**

Take early readings to familiarize yourself with your "BASELINE"

**Blood Oxygen Saturation (B.O.S.) figure.**

For Healthy adult it is **ALWAYS 99-96%** (no exception)

Always take your reading in relax state ; placing the oximeter on left index finger. You may also scan your other fingers; but use left index finger for consistency. Continue to breath normally during scanning. This reading shall be "your" optimum B.O.S. Everybody reading must be 99%-96%. Only for the aged or infirmed or COPD ; a B.O.S. of 95%-92% is an acceptable threshold.

Take readings every 6 hours, if you "SUSPECT" C-19 infection.

**B.O.S. does not fluctuate like Blood Pressure or Heart Rate.**

**Blood Oxygen is maintained consistently above 96%.**

**Any drop in Blood Oxygen Saturation, even 3% , is a RED FLAG & of IMMEDIATE CONCERN & must be investigated**

What if the Oximeter gives reading of 70%, 60% or even 45% ?

Do not panic; especially when it is still "beeping" ; meaning the reading hasn't been finalized yet. However, if the unit beeps non-stop ; then switch scanning with your other fingers or switch "off" the oximeter, wipe finger & try again.

**Readings below 85%; will most likely mean "ERROR"; when you can jump, walk fast & climb stairs effortlessly.**

— — —

This oximeter is one super sensitive gadget.

The small "infra-red sensor" in oximeter ...

1. Is super sensitive to water. Do not wipe the scanner with wet cloth.
2. Is sensitive to dirty finger (fingerprint). Before using, wipe your finger & wipe the "sensor" softly occasionally with clean dry tissue.
3. Reading will not be accurate when your finger is cold or after taking cold shower or after swimming.
  
4. Reading will not be accurate if you are anemic.
5. Bright light (or daylight) will interfere with the oximeter scanning. Switch off room light, during scanning. Best scan in dark places.
6. Other influencing factors are nail polish, skin pigmentation & etc.

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# Oxygen Concentrator

Appreciate the below images. Read the attached link for the differences. You can either buy or loan them. There are few places, you can loan this machine in Klang Valley (Kuala Lumpur). Please do search them out.

Adjust the machine flow rate to bring your blood oxygen above 92%; via Canula (Nose hose) or mask. You can slowly reduce oxygenation flow; once you can hold oxygen saturation of above 94%.

<https://www.shakedeal.com/blog/medical-vs-non-medical-grade-oxygen-concentrator-how-to-choose-the-right-one/>



**In closing**, take comfort and hear out Dr.Sankhara Chetty webinar. Links attached. He claimed to have successfully treated 4,000 patients (ZERO fatality) "**without oxygen support**" (yes, unbelievable & I have no reason to doubt him); using just Promethazine, Montelukast, Piriton, Steroids & Aspirin. Hear him out. Follow his therapy, you may not even need to worry about Oxygen Concentrator.

# Dr.SHANKARA CHETTY



## **Webinar # 1**

Listen to Dr. Shankara Chetty sharing his experience here.

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[https://www.youtube.com/watch?v=OciYTW\\_BIEs](https://www.youtube.com/watch?v=OciYTW_BIEs)

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## **Webinar # 2 & #3**

Dr. Shankara Chetty South Africa

**(Must Listen after watching the above webinar)**

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<https://fb.watch/7D7xiOANeL/> (Webinar #2)

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<https://www.youtube.com/watch?v=Nj8kOxAcUos> (Webinar #3)

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# Dr.Tina Peers



## **Webinar # 4** **Long Haul Covid**

Hear how Dr Tina Peers method of treating Long Haul Covid Patients of UK. She indirectly confirmed the viability of Dr.Shankara Chetty antihistamines regimen.

Dr.Tina herself also advocated the use Antihistamine to manage long haulers.

**Dr.Tina even went one step further to say  
all Covid patient must be treated with antihistamines  
from Day 1 (11<sup>th</sup>-12<sup>th</sup>minute)**

Next listen to Dr.Tina Peers (U.K.) repeatedly mentioned "mast cell activation" (16<sup>th</sup>-18<sup>th</sup>minute). Mast cell activation is the cause for the release pro inflammatory mediators like histamine that causes hypersensitivity (allergy).

Take note Hypersensitivity & Allergy are the same thing.

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<https://youtu.be/NOkUDh3vHVU>

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# Other Links

## **that confirmed antihistamine**

**is one very important drug for this C-19 pandemic.  
(but neglected by W.H.O. & Hospitals)**

**(1)**

"...Antihistamines such as promethazine and ..... were all found to have high efficacy in improving therapeutic outcomes in COVID-19 patients..."

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**Inflammatory pathways and potential therapies for COVID-19**

<https://journals.sagepub.com/doi/full/10.1177/20587392211002986>

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**(2)**

"...some antihistamine and .... could protect humans from SARS-CoV-2 infection while some of these drugs might be also beneficial at more advanced stages of the disease..."

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**Chemoinformatic Analysis of Psychotropic and Antihistaminic Drugs in the Light of Experimental Anti-SARS-CoV-2 Activities**

<https://www.dovepress.com/chemoinformatic-analysis-of-psychotropic-and-antihistaminic-drugs-in-t-peer-reviewed-fulltext-article-AABC>

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**(3)**

"...cetirizine and famotidine provides proof-of-concept of a new safe and effective method to reduce the progression in symptom severity, presumably by minimizing the histamine-mediated cytokine storm..."

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**Dual-Histamine Blockade with Cetirizine - Famotidine**

Reduces Pulmonary Symptoms in COVID-19 Patients

<https://www.medrxiv.org/content/10.1101/2020.06.30.20137752v1>

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**(4)**

“...were treated early with antihistamines (dexchlorpheniramine, cetirizine or loratadine), adding azithromycin in the 25 symptomatic cases. No hospital admissions, deaths, nor adverse drug effects were reported in our patient population. By the end of June, 100% of the residents had positive serology for COVID-19...”

“...Early treatment of symptomatic COVID-19 patients with antihistamines and azithromycin, and administration of antihistamines in asymptomatic and high-risk patients, close contacts and relatives, had excellent outcomes in our population reducing fatality rate, hospital admissions and ICU admissions in this elderly population, regardless of patient's age and risk factors.

This safe and inexpensive treatment protocol could have a crucial impact on morbidity and mortality rates of patients with COVID-19 and ease the burden of these patients on hospitals...”

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“...Antihistamines & azithromycin as a treatment for COVID-19 on primary health care. A retrospective observational study in **elderly patients...**”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7833340/>

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**(5)**

“...Regarding therapeutic intervention, almost 60% reduction in symptom burden was observed in long-COVID patients treated with histamine receptor antagonists. Specifically, of 25 patients in the treatment group, 5 reported complete resolution of all symptoms, 13 reported improvements, 6 reported no change, and 1 reported deterioration of symptoms...”

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<https://www.news-medical.net/news/20210608/Antihistamines-might-be-effective-in-long-COVID.aspx>

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**(6)**

"...they analyzed medical records of nearly a quarter million California patients. People age 61 and older who had used certain antihistamines were less likely to test positive for the SARS-CoV-2 virus than those who did not take the medications, the researchers found..."

"...data suggest these three antihistamines may work by either disrupting the virus's interactions with ACE2 or by binding with another protein that may interfere with viral replication. The protein, known as a sigma receptor, is part of a cell's communications network..."

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**Existing antihistamine drugs show effectiveness against COVID-19 virus in cell testing**

<https://m.ufhealth.org/news/2020/existing-antihistamine-drugs-show-effectiveness-against-covid-19-virus-cell-testing>

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**(7)**

".New research has found that antihistamines may help resolve the allergic reactions some people experience after receiving the Pfizer and Moderna messenger RNA (mRNA) vaccinations against COVID-19.

Antihistamines can reduce the severity of these types of reactions by blocking histamine receptors throughout the body and preventing these symptoms.."

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<https://www.healthline.com/health-news/can-antihistamines-help-stop-allergic-reactions-to-mrna-covid-19-vaccines#Why-some-people-have-reactions-to-the-vaccine>

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# DR.DARREL DeMELLO

If you are still in this article, & can digest further ; then you need to listen to this webinar by Dr.Darrel DeMello. To Dr.Darrel DeMello this Covid disease is the disease of Clotting. He is, in fact absolutely correct, except that he misses the prelude of this disease, which initially is a hypersensitivity event (it all started from hypersensitivity) ; which can be easily nibbed in the beginning with antihistamine. Unfortunately many victims miss this window period, came in late & they all progress to become a Clotting Disease.

Dr.Darrel DeMello's clotting management is brilliant. Listen to his webinar & you can tweak your therapy with his brilliant clotting protocols. He substituted Aspirin with Clopidogrel.

If you can digest and adopt both Dr.Shankara & Dr.Darrel DeMello protocols, I am absolutely sure you & family stand a 99.999% in winning this Covid disease battle, as the chances of getting infected is very high, when the society get worn down by restrictive protocols & isolation. This bug ain't disappearing anytime soon.



## **Webinar # 5**

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<https://youtu.be/EdKgxv5e2kk>

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## Dr.PIERRE KORY (Pulmonary CriticalCare Specialist)

### Corticosteroids & Hyper Coagulability

This is the first Physician to recommend Steroid. He was shot outright down by his peers; who wanted a randomized controlled trial as proof. Today high Corticosteroid regime is the gold standard in C-19's late "organizing pneumonia" disease management.

"Organizing pneumonia" is a rare lung condition where the small airways (bronchioles), the tiny air-exchange sacs (alveoli) & the walls of small bronchi become inflamed & plugged with connective tissue.

He also cautioned Covid patients (organizing pneumonia symptom) will relapse and steroid regime must be extended & slowly tapered.

He was again brushed down by his hospital board when he forwarded anticoagulants. He highlighted, in this clotting episode; fibrinolysis did not take place ; thus anticoagulants must be administered.

On Antivirals, Dr.Pierre Kory thinks it is unnecessary. I personally believe he is correct. Today he is living legend.



## **Webinar # 6**

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<https://www.youtube.com/watch?v=JMeP66gdc4o>

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## OTHER VIDEO OF INTEREST

### VIRAL REPLICATION

SARS-CoV-2 (C-19) spike has been found to be **20 times** more likely to bind ACE2 on human cells , compared to SARS-CoV-1 from Hong Kong 2002. Thus SARS-CoV-2 spread more easily from person to person in this current pandemic.

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C-19 entry inside human cells is thru Receptor-mediated endocytosis. "... Receptor-mediated endocytosis (RME), also called clathrin-mediated endocytosis, is a process by which cells absorb metabolites, hormones, proteins – and in some cases viruses – by the inward budding of the plasma membrane (invagination). ... Only the receptor-specific substances can enter the cell through this process..."

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This may be inaccurate : The cycle from infection/absorption, replication, lysis (disintegration of host cell) and finally the expulsion of progeny (virions/ "virus") is 6 hours ; meaning it only takes 6 hours (?) for one unit of C-19 virus to produce an army of thousands in one single host cell.

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<https://youtu.be/4LTPF-jCral>  
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Dr.Sankhara Chetty (South Africa) treatment protocols has been praised in his native land , by the Indian Government.

**COVID THERAPY**  
<https://bit.ly/3yuRFJD>

 MyGovIndia   
@mygovindia

...  
  
Inspired by South African Dr Shankar Chetty, who treated more than 3,000 poor #COVID19 patients successfully using the 'eighth-day treatment' strategy, Dr Kumar intends to reduce the need for hospitalisation. Read on!  
[#IndiaFightsCorona](#)  
[#TogetherWeCan](#)  
[@MoHFW\\_India](#) [@PMOIndia](#)

INDIA GOVERNMENT PRAISE DR.SHANKARA CHETTY **8TH DAY PROMETHAZINE** TREATMENT.  
  
LISTEN TO HIS WEBINAR & PROMETHAZINE IS CHEAP ANTI HISTAMINE EASILY AVAILABLE IN PHARMACIES. THE YOUTUBE LINK IS ABOVE.

# **ALL YOU NEED IS TWO MOST IMPORTANT DRUGS**



If this article is too long winded, heavy & impossible to read ; all you need is \$10.00 (**Rm10.00**) & walk into any pharmacy to buy 2 strips of each drug. Keep it in your house as insurance. You will need it, when emergency sets in , when dyspnea begin.

## **When to use ?**

**Read Stage 1 to Stage 3  
on Page 11, 12, 13  
.. check out on these 2 items only ..  
Piriton & Promethazine**

## **FOOD for THOUGHT**

Some specialists, doctors, pharmacists, medical workers ; will brush off this anti histamine regimen ; because to them this is just allergy pills ; dirt cheap stuffs ; \$10.00 can buy 4 strips ; how to heal this super deadly C-19 pneumoniae ? It doesn't even kill the virus !!!

Hang on for a moment, ask these naysayers, how many C-19 patient have they treated ? Dr.Shankara has successfully treated 4,000 patients (**Webinar #2**) & ZERO died. Dr.Sankhara Chetty has been praised in his native land, by the India Government.

Of course, neither antihistamine nor are there any other drugs can kill C19 virus (in human body) Antihistamine, it's not meant to kill the virus. It is taken, to prevent the flaring of hypersensitivity (allergy) which leads to the rapid progression of dyspnea and finally the clotting episode. When hypersensitivity episode can be controlled (just like how the normal allergy is controlled); your lung will not be inflamed ; oxygenation can definitely be maintained above 90%, thus you will never need to be hospitalized & recover at home.

Some will tell you: there is “no proofs” ; (ok, lets just discount Dr.Shankara); how about reading page 32, 33, 34 for research papers that support antihistamine uses in covid disease management ?

Finally, why W.H.O. never recommend Antihistamine ? Why this “ridiculously simple & dirt cheap” regimen was never look into by W.H.O. & hospitals ? I can only guess, if W.H.O. will just recommend this “DIRT CHEAP Anti Histamine” regimen as a prophylaxis drug from day 1 of infection....(just ignore the treatment part, as W.H.O. will probably demand 10,000 participants double blind randomized trial, before approving antihistamine for treatment)  
**.... patients' hospitalization episodes will drop by 80% (just by using it as prophylaxis)**; the whole vaccination cartel, drug industries & hospital profits will vaporize into thin air.

Finally ask these naysayers, is antihistamine dangerous ? Can you take them during C-19 infection, will you be poisoned ? **Antihistamine is in fact, as safe as Panadol, if not safer, & Antihistamine regime must be initiated early from day 1**

## **DISCLAIMER**

This article's treatment protocols are a collection from local and foreign experiences (predominantly Dr.Shankara Chetty); written in good faith for general knowledge & to the author best ability.

The writer claims no responsibility to whatever that may happen, should you adopt this protocol; whether in full or partially  
This is not a substitute for evaluation and treatment by a medical doctor & professional advice.

You must always consult your physician to determine the appropriateness of the information herein for your medical situation and treatment plan or admit yourself into hospital. Finally always get your prescription from registered Clinic & Pharmacies.

5Sept2021/SL6309 (Kuala Lumpur)

Observe S.O.P. & Take Care

**“My family can only be safe,  
when you are safe.”**

Thank You  
The END